

Zostavax, Zoster Vaccine Live DHCN Immunization Clinic Order Form

Zoster vaccine helps prevent a painful skin rash called herpes zoster or shingles. Shingles is caused by the same virus that causes chickenpox.

Please circle answers to questions 1-8:

1.	Are you age 60 or over?	No	Yes
2.	Do you have an illness today with a fever more than 101°F (38.5°C)?	No	Yes
3.	Have you ever had a severe allergic reaction (anaphylaxis) to gelatin, neomycin, or to any vaccine? <i>Which vaccine?</i> _____	No	Yes
4.	Do you have a weakened immune system due to HIV/AIDS, another disease that affects the immune system, or cancer treatment such as radiation or chemotherapy?	No	Yes
5.	Do you take immunosuppressive therapy or oral steroids?	No	Yes
6.	Do you have a history of cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma?	No	Yes
7.	Do you have active tuberculosis (TB)?	No	Yes
8.	Are you in close contact with someone who has a weakened immune system, has not had chickenpox, or has not been vaccinated against chickenpox?	No	Yes

THIS BOX IS FOR ADMINISTRATIVE USE ONLY (for official use only)

<input type="checkbox"/> Give Zoster vaccine today <input type="checkbox"/> Do not administer	Doctors Signature and Stamp:	Date:									
Comment: Vaccine Information Statement provided (Date 9/11/06). Questions answered and patient verbalized understanding.											
<input type="checkbox"/> Vaccine administered: ZOSTAVAX® Zoster Vaccine Live (Oka/MERCK)											
Name: _____ Sponsor's SSN: _____ DOB: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Dose: 0.65 ml</td> <td style="width: 33%;">Lot # _____</td> <td style="width: 33%;">Exp: _____</td> </tr> <tr> <td>Route: SQ</td> <td colspan="2">Site: (Left / Right) deltoid</td> </tr> <tr> <td colspan="2" style="height: 80px; vertical-align: top;"> Administered by: </td> <td style="vertical-align: top;"> Date: </td> </tr> </table>		Dose: 0.65 ml	Lot # _____	Exp: _____	Route: SQ	Site: (Left / Right) deltoid		Administered by:		Date:
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